

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

## Request to Amend the name on a Class C Taxi Certificate

Current Name: Hishman A. Mohamed DBA  
Columbia Cab

241813  
BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2010 - 195 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: \* Hisham Mohamed

Telephone: \* 803-900-8518

Address: \* 12 Londonderry Sq  
Cayce SC 29033

Fax: \*

Other: \*

Email: \*

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input checked="" type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority               |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)     |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit                  |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request   |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit   |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                                |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                    |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                             |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                                |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response  |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                                |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                      |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

## CLASS C AMENDMENT FORM

## File the original with:

Public Service Commission of South Carolina  
 Clerk's Office  
 Motor Carrier Matters  
 P.O. Box 11649  
 Columbia, S.C. 29211  
 (803) 896 - 5100  
 FAX (803) 896-5199

## Mail or fax a copy to:

S.C. Office of Regulatory Staff  
 Transportation Department  
 1401 Main Street, Suite 900  
 Columbia, S.C. 29201  
 (803) 737-0578  
 FAX (803) 737-0815

DATE: FEBRUARY 12, 2013

I have the following Certificate:

☒ Class C Taxi # 8304 ☐ Class C Charter # ☐ Class C Charter Bus #  
☐ Class C Non-Emergency #

Please consider this as my request for the following amendment(s) to my Certificate:

☒ **Name Change**

From: Hishman A. Mohamed DBA: Columbia Cab  
 (Current Name) (Current DBA if applicable)  
 TO: United Cab, LLC DBA:  
 (New Name) (New DBA if applicable)

☐ **Scope of Authority**

From: Not applicable To:  
 (Current Scope) (New Scope)

☐ **Passenger Limit**


From: Not applicable To:  
 (Current Limit Number) (New Limit Number)

Hishman A. Mohamed DBA Columbia Cab

Name & DBA if DBA is applicable)

12 Londonberry Sq  
 (Street and/or Mailing Address)

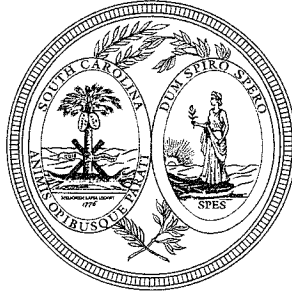
Cayle SC 29033  
 (City, State, Zip Code)

  
 (Signature)

803-900-8518  
 (Telephone Number)

Hishman Mohamed  
 (Title) Owner, President, etc.

# *The State of South Carolina*



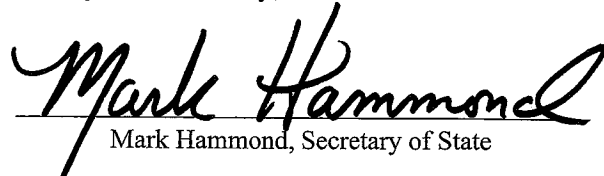
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

UNITED CAB LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 12th, 2013, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
12th day of February, 2013.

  
Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic  
Filing Fee – \$110.00

FEB 12 2013

Mark Hammond  
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Hammond United Cab LLC  
\*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

12 Londonderry Square  
Street Address  
Cayce SC 29033  
City Zip Code

3. The initial agent for service of process is

Hisham Mohamed [Signature]  
Name Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

12 Londonderry Square  
Street Address  
Cayce SC 29033  
City Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Hisham Mohamed  
Name  
12 Londonderry Sq  
Street Address  
Cayce SC 29033  
City State Zip Code

(b) Christiane Hunt  
Name  
12 Londonderry Sq  
Street Address  
Cayce SC 29033  
City State Zip Code

130212-0111  
UNITED CAB LLC

FILED: 02/12/2013

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

Name of Limited Liability Company United Cab LLC

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_

6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) Christiane Hunt  
Name  
12 Londonderry Sq  
Street Address  
Cayce Sc 29033  
City State Zip Code

(b) Hisham Mohamed  
Name  
12 Londonderry Sq  
Street Address  
Cayce Sc 29033  
City State Zip Code

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  
\_\_\_\_\_

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Christiane Hunt  
Signature of Organizer

2/12/13  
Date

[Signature]  
Signature of Organizer

2/12/13  
Date

### **Filing Checklist**

- Two completed copies of this form must be submitted for filing.
- \$110.00 made payable to the South Carolina Secretary of State
- **Self-addressed, stamped return envelope**
- Make sure the organizer has signed the form. Only one organizer is required, but you may have more than one. If you have more than one organizer, every organizer listed on the form must sign. The organizer is the individual who completes the documents and delivers them for filing to the Secretary of State. The organizer may be an owner of the entity, but he or she does not have to be. The organizer may simply be an individual who assists in the formation of the LLC without having any involvement with subsequent ownership or operational functions.
- Return all documents to:  
South Carolina Secretary of State's Office  
Attn: Corporate Filings  
1205 Pendleton Street, Suite 525  
Columbia, SC 29201

### **SPECIAL NOTE**

Registering your limited liability company name does not, in and of itself, provide an exclusive right to use this name on or in connection with any product or service. Use of a name as a trademark or service mark requires further clearance and registration and may be affected by prior use of the mark. For more information, contact the Trademarks Division of the Secretary of State's Office.